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Communications.

A NEW METHOD OF MAKING MICROMETERS.

By R. E. Van Gieson, M. D.,
Of Greenpoint, N. Y.

Among the many accessories of the modern compound microscope which increasing accuracy in observation has demanded, none is certainly more convenient, we might say, indispensable, than the micrometer. Microscopical observations may be conducted with the greatest skill and patience, but if the results be not accompanied by accurate measurements, their value is greatly diminished. It is, therefore, essential that our means of determining the size of microscopic objects should be both exact, and yet of such a simple nature as to be easily and quickly applied. Of all the means of taking measurements, that of the ruled stage micrometer is certainly the most simple. As far as accuracy of result is concerned, it leaves nothing to be desired. The only obstacle to their more general use is their comparatively high price. So far as we at present are aware, they are all manufactured by means of most delicate machinery, so finely adjusted that thousands of lines can be traced with a diamond-point within the space of the tenth of an inch. The wonderfully delicate ruling on glass executed by M. Nobert, of Barth, Prussia, has deservedly excited the admiration of the microscopic world. The finest test-object yet discovered is the *amphipleura pellucida*, or *acus*, which contains one hundred and thirty thousand lines in an inch. We are under the impression that M. Nobert has *ruled* on glass as many as seventy thousand lines in the inch, exceeding by some twenty thousand the markings of the *pleurasigma spencerii*—itself a most delicate test-object.

We cannot reasonably expect that the expense attending the manufacture of ruled micrometers by the preceding method will ever be materially diminished. It requires a certain outlay of tedious labor, for which the present price is no very profitable recompense.

The prices for micrometers range from three to five dollars, according to the delicacy of ruling. We have said that this is an obstacle to their general use, and by this we do not mean their ordinary application for measurement, for with a little care, a micrometer, used for this purpose alone, can be made to last for years, the only danger being that of breakage, and this occurs so rarely, that we have no reasonable cause to complain of the price when another is needed.

It would, however, be very desirable to have *every slide upon which an object is to be mounted itself a micrometer, variously ruled, according to the minuteness of the specimen, from hundredths to ten-thousandths of an inch, or finer, if necessary.* A single glance would then suffice to impress the actual diameter of the object upon the mind of the observer.

It would also be desirable for the microscopist to have many micrometers, ruled for various intermediate sizes, instead of one ruled only for hundredths and thousandths of an inch.

Again, it might be convenient to have micrometers ruled in *circles* of various sizes, or in some other form besides that of simple lines. This is not possible by the present method of manufacture.

In casting about for some plan to secure these desirable results, it very naturally occurred to us that photography, if properly applied, would furnish the required means. A very few rough initial experiments convinced us that certain dependence might be placed upon photography for even the most delicate results.

A want of time and proper apparatus prevented us from carrying out these experiments to their legitimate result, viz., *the construction of the most delicate markings on glass, of any required form or size, with rapidity, economy, and accuracy.*

We wrote, however, to Mr. Queen, giving him the general outlines of the method. In his reply he expressed the belief that the plan was both original and practicable.

The matter thus stood until recently. A few

spare moments permitted us fully to test the correctness or incorrectness of the conclusions drawn from the original rough trials. The result was pleasing success; and we would now call the attention of those interested in microscopic pursuits to *photographed micrometers as a fixed fact.*

At present writing we have before us micrometers ranging from the one-hundredth to the fifty-thousandth of an inch. They are not as perfect as we could wish them to be, simply because they have been made during scraps of leisure, not unfrequently interrupted by annoying calls to less pleasing pursuits. They demonstrate, however, that a completely successful result can very easily be obtained by a proper observance of the inexorable rules of photography, which demand, first of all, purity of chemicals and perfection of apparatus, with regard to material, and then patience, skill, and cleanliness, as regards manipulation of the same. The result is then not a matter of conjecture, but one of certainty.

The process by which micrometers can thus be made, is simply that of micro-photography, or the taking of a *diminished* copy of an object. The half-inch object-glass makes a very good lens for the taking of such pictures. After its principal focus has been found, its adjustment is complete; all objects beyond a certain distance are sure to be in focus. This certain distance is usually not more than two feet for such a lens. In order, then, to have a perfectly sharp picture, the only requisite is, not to bring the lens any nearer the object than two or three feet. The farther the lens is removed from this limit, the smaller will be the resulting picture.

In order to determine what shall be the size of the micrometer lines, we have only to focus at a given distance two sharp bold lines, say two inches apart, and accurately measure the image thrown on the ground glass-lines closer together, will, of course, be diminished in the same proportion. If for instance the two inches are reduced to one-tenth of an inch, one-tenth would at the *same distance*, be reduced to one two-hundredth of an inch. In this way, by moving the lens and varying the lens in the original, lines, squares, curves, concentric or simple circles, can be reduced to any required diameter. For lines under one-thousandth, I have succeeded very well with white lines upon black paper. In the micrometer the white lines of the original come out black, while the black spaces of the original are rendered perfectly transparent. For very fine markings I have used the following method: A one-quarter plate is sensitized—exposed to light, developed and thoroughly *blackened* by means of bichloride of mercury, and strong ammonia. It is then dried and coated with very *thin* varnish—the thinner the better, as only a very slight protection is needed. When this is thoroughly dry, lines are to be carefully ruled upon it with a sharp knife, *giving just pressure enough to cut down through the blackened film to the glass.* The result is black spaces intense enough to prevent the transmission of light, and a number of very clear lines through which the light very readily passes. It is what the photographer might term a transparent positive. This is fastened to one end of a long box with bellows extension, so as to be adjusted to various lengths. The lens and camera are placed at the other end. A plate is now inserted in the plate-holder and exposed. The resulting picture is the reverse of the original. The lines are exceedingly delicate, and require to be blackened by means of bichloride of mercury and cyanide of silver. In its present condition without varnish or any farther preparation, it can be used as a slide for mounting tissues, cells, and similar substances. If the object be very hard, or have acute angles, as cystals shells of diatomaceæ, a very *thin* coat of varnish will be needed to protect the film from being scratched, but if balsam is used, even this will not be necessary. The majority of objects can with care be mounted directly upon the film. For an eye-piece micrometer after the plan of Jackson, a very thin coat of varnish will afford all the protection required, as in this position the glass is not much exposed to rough usage. For a stage micrometer the protection of varnish is insufficient; it is soon rubbed off by attrition on cleaning, and the film sooner or later obliterated; and yet even for this purpose it will last longer than one would suppose. As it can be easily and cheaply replaced, it is perhaps no great advantage to have the lines permanent. To render the lines indellible, like those ruled on glass, is somewhat difficult, but not by any means impossible. It will be remembered that the lines are *metallic silver on glass;* theoretically the proper application of heat should cause these metallic lines to fuse into the glass. A few experiments with the blow-pipe convinced me that this can be done. If too much heat be used the lines become crooked, sinking irregularly into the glass; if too little heat be applied, the lines are rendered much more permanent, but not absolutely so. The *fusing point must just* be reached, and no more. In thus presenting this method to the profession, photographic details have intentionally been

omitted. The bare outlines indicate the general plan; more than this would be unnecessary for the expert, as well as uninteresting to the general reader. With the few hints given any microphotographer will be enabled to furnish proof to those interested, of the practicability of the method by the production of a few samples.

PECULIAR CASES OF POISONING FROM THE ROOT OF THE RHUS TOXICODENDRON.

By James Stokes, M. D.,
Of Branchtown, Philadelphia.

Early in the month of March, I was called to see the child of a neighbor, a boy twelve years old, said to have measles. I found him covered with a rash resembling measles, his face, neck, and throat swollen, eyes suffused, and watery, voice husky, with a dry hoarse cough, soreness of throat, with intense burning, extending to the stomach, with high fever, coated tongue, urine high color, scanty and irritating, intolerable itching of the skin, and nervous twitchings, mind at times wandering. On examination, I found he had been ailing for a week, suffering from catarrh, and generally indisposed. The scarlet appearance of the eruption on the face, with incipient vesication, a crescentic arrangement of rash on the body, fever, with catarrhal symptoms, induced me reluctantly, to diagnose it as a case of measles, for I thought it somewhat remarkable that the eruption should become so general, so soon after its first appearance, and its assuming the vesicular character so generally on the face. I ordered small doses of sulphate of magnesia, and a tablespoonful of neutral mixture, every two hours, demulcent drinks, with farinaceous diet. On the next visit, I found the œdema more diffused, extending to the hands and feet, eyelids closed, the subcutaneous cellular tissue of the lids filled with a serous fluid, and seemingly ready to burst, the glans prepuce also swollen, with difficulty in urinating. All resemblance to rubeola had disappeared.

On my third visit, I found two other children, girls, aged respectfully 15 and 17, likewise sick, their indisposition solved the mystery. They then stated, that their two brothers and they, had been drinking of tea, prepared (as they thought), from the sassafras root; samples were produced, among which, I discovered the *Rhus Toxicodendron*. The three were severely poisoned, being very susceptible to the influence of the poison vine when in leaf, the boy not at all susceptible, escaped.

Having discovered the source of the trouble, the treatment was simple, saline purgatives in small doses, the local use of cold lead water, and better diet. Desquamation was general, and I might also state, that vesicles were found on the tongue, mouth, and fauces. Patients have since all recovered.

Before closing, I desire to bring to the notice of the profession, the too much neglected claims of one of our indigenous plants, in the treatment of poisoning by the rhus toxicodendron, and trust that my experience with it will lead others to employ so useful and easily procured a remedy in cases which, to say the least, are sometimes very annoying and troublesome.

The *Urtica Pumila* (*Pilea pumila*, Gray), growing in damp shady nooks in our woods, and found sometimes along the road sides. I have used it in the summer season, for a number of years, in cases of poisoning, always with marked benefit. Sometimes it has acted as a charm, where other means have been tedious and almost inoperative. It is known as the bastard or dead-nettle, also the *rich-weed*, *cool-weed*, *silver-weed*, on account of the bright transparent appearance of the stem. My mode of procedure has been to obtain, if possible, full grown plants, stripping the stems of leaves, bruising the stems, and using the juice or sap, by directly applying to the diseased parts, and renewing when dry. In many cases a complete cure is effected after one or two thorough applications.

CASE OF VESICO-VAGINAL FISTULA OF OVER FIFTEEN YEARS' DURATION.

By John N. Lyman, M D.,
Of Mann ville, Jefferson co., N. Y.
Assisted by Drs. Kinney, Low, Bulkly, and Seymour.

Mrs. ——, native of Ireland, aged about 45 years, found, after a very severe and protracted labor, about fifteen years since, that she was "torn and unable to hold her urine." No instruments were used in the delivery of the child, and there is but little doubt, but that the lesion was the result of long continued pressure, and that it might have been prevented by the timely use of the forceps. Upon examination in the month of May, 1867, found an elliptical fistula in the trigone space, about half an inch in its longitudinal diameter. Parts in an excoriated condition from the constant dribbling of urine.

Told patient that I thought I could close the fistulous opening and restore the urine to its normal channel, and that, very likely, she would be able to control its flow. Her general health was very miserable, in consequence of the suffering, both of mind and body, resulting from her very disagreeable condition, and as she thought she was unable to undergo the operation, it was delayed until the 3d of August, during which time measures were taken to improve her health somewhat.

At this time, having administered a mild cathartic on the previous day, and an enema on the morning preceding the operation, which evacuated her bowels nicely, she was brought fully under the influence of chloroform, placed upon her knees upon a couch, her breast and head resting on chairs some three inches lower than the couch, flexed legs upon thighs, and the feet held by an assistant upon each side, one of whom at the same time held the speculum (Sims') which brought the fistula into full view. The edges were then carefully pared off for about three-eighths of an inch, with but little hemorrhage. Fistula was then closed transversely by means of three silver-wire sutures, which, when secured by means of three perforated shot, entirely closed the opening, and stopped the flow of urine. Wires were cut off smoothly and close to the shot, Sims' self-retaining catheter introduced without difficulty, into the urethra, and the patient placed upon her back in bed, and while coming out from influence of anæsthetic, gave her sulph. morph., gr. ss., in a little camphor-water.

The night following operation, patient rested very well and required only about one-eighth of a grain of the morphine, three times each day during her recovery, except on the fourth and fifth days, when there was considerable tympany and pain in the bowels, which soon subsided however upon the administration of a few doses of oil of turpentine and camphor, in a little mucilage of gum acacia, and a slight increase in the amount of anodyne. On the tenth day removed the sutures, and found perfect union of fistula had taken place. On the eleventh day moved bowels by injection, had not moved before since operation. Up to this time removed catheter and cleaned it three or four times each day, kept up the use of catheter for two days after removing sutures, and then allowed her to pass urine herself, which she was frequently called upon to do for some time, owing to the bladder having been so long out of use as a receptacle for the urine. This difficulty has in a great measure subsided, and she is now able to lie all night perfectly dry, and has perfect control over the flow of urine, except when she does some very heavy work, when she has some slight trouble with incontinence if she allows any great quantity to accumulate in the bladder. After the operation, patient was allowed to lie upon either side or upon her back as suited her best. In fifteen days from time of operation patient's health was much improved, and she was able to go about her work.

Hospital Reports.

Pennsylvania Hospital,
April 6th, 1867.

Clinic of Dr. Agnew.

Reported by Dr. Napheys.

Abscess Simulating Aneurism.

This man has been in the hospital for two weeks. He was admitted on account of an enlargement or swelling, situated immediately above the clavicle on the right side. When he first came in, the skin covering it was like the skin of the surrounding parts, not at all discolored. On placing the hand upon the tumor, a very distinct pulsation could be perceived. On making pressure on the inner and then on the outer side, an impression is obtained of one portion of it being deep, running down partly underneath the clavicle, while the superficial portion appears to be very movable. Upon placing the ear over it, a distinct thrill or aneurismal sound is heard.

At first sight the swelling leads to the inference that it is an aneurism of the subclavian artery. But this impression cannot be entertained in view of its mobility, and the fact that its surface is not uniform, but lobulated. Deep pressure also gives an obscure sense of softening. If the tumor be not an aneurism, how then explain the pulsations so distinctly felt? These are doubtless communicated to the mass from the subclavian artery over which it lies. It is not common to have thrills in such tumors. There is a sound, which assimilates the aneurisma thrill, from the large veins at the root of the neck, and without doubt the pressure of the tumor so interferes with the passage of the blood through the subclavian veins, as to produce this sound. There are other reasons in support of the belief that this is not an aneurism. He has a scar situated immediately below the clavicle, and upon the arm there are several old cicatrices from inflammation and suppuration of the lymphatic glands. He says that when he was a lad, he had discharges taking place for some length of time from these points. All of these things look to some glandular condition. Again, a very important change has taken place in the tumor since his admission. It has become discolored and more sensitive, he shrinks when it is touched, which he did not do before, showing that the inflammation has gone on to a state of suppu-

ration. This is now an abscess of the supra-clavicular glands, two or three of them doubtless being involved

What the treatment should be, it is not difficult to point out. It requires the application of emollient poultices for a short time, until it shall be sufficiently advanced to be opened.

Ununited Fracture.

This man has now been in the hospital for twelve weeks. He was brought in, in consequence of a comminuted fracture of the right leg near the ankle, produced by a mass of coal falling upon it. At that time it appeared as if one of the fragments was almost through the skin, and that in a few hours it would be a compound fracture. Therefore the parts were simply moulded into position, without using any particular extension, or any firm pressure, for fear that the movement of the fragments would break the skin and thus greatly complicate the case. In this way the formation of an external opening, which was dreaded, has been prevented, but the attempt to get union has failed. The limb has been placed in a fracture box upon a pillow, and the foot secured to the foot-board. His habits have been fair and his general condition good.

The fragments now move upon each other, as can be perceived on making passive motion to keep up the function of the ankle-joint. It is a case of ununited fracture, not yet entitled to the name of a false joint.

A distinction should always be carefully drawn in these cases, between delayed union and a permanent want of union. Because a fracture does not unite in four, six, or twelve weeks, it does not necessarily follow that it is not going to unite at all. Sometimes, long after this, union will be obtained if the proper position of the fragments be permanently maintained. This case is not yet to be treated as one of ununited fracture, but the parts are to be kept at rest and union hoped for.

A change takes place in the ends of the bones in ununited fracture. Sometimes they become rounded off and are encrusted with a certain amount of fibro-cartilaginous tissue, sometimes with fibrous tissue alone, at other times a movable band really stretches across between the extremities and unites them together. Again, there is in some cases an attempt to form a true articulation; one end becomes rounded off and encrusted with a dense layer of fibrous tissue, while the other becomes hollowed out, forming a cup-like depression. Sometimes also the cellular tissue around becomes condensed into a capsular ligament, simulating the synovial membrane.

It may be in this case that the ends of the bone are undergoing the change referred to, and that union will not take place. The causes for this are to be looked for either in the state of the man's constitution or in some local difficulty which may be present. So far as can be learned from this patient, he has always been in the enjoyment of good health, nor has he lost any considerable amount of blood. Unnecessary meddling with the limb is a very prolific cause of a want of union. A constant change of the dressing on account of dissatisfaction with it, is very often productive of great harm, arresting the deposit of ossific matter.

For the purpose of inciting or inducing a deposit of callus, both local and constitutional means may be resorted to. The phosphites subserve a good purpose here. The hypophosphites, given in a crude state in some syrup, are often of benefit. Better results are obtained in this way than by the administration of any of the elegant syrups, made so often at the expense of the therapeutic value of the article. The time has come in this case when a little motion in the parts may be attempted.

The means resorted to in this hospital for the cure of ununited fractures are various. The simplest is to use friction with some stimulating liniment, to invite a large amount of blood to the part, and if possible, thus induce a deposit of callus. Another method consists in blistering, this was introduced by Dr. Parrish. A third, which belongs to Dr. Hartshorne, is the application of caustic potassa to produce a sore, and in this way invite a determination of blood, so as to quicken the process of repair; it has been used in some cases with perfect success. Then there is the seton, the introduction of a thread, suggested by Physick. The method of Dieffenbach consists in the introduction of ivory pegs into the bone at either end contiguous to the fracture. The operation of Brainard, drilling holes into the extremities of the bones with a gimlet, impaling them, has proved successful in this hospital in several cases.

The old operation of Celsus, moving the parts upon each other, so as to invite a large amount of blood, and induce a deposit, is the one which will be followed in this case. This was done, and the result will be reported in a few days. By this simple method alone, union of the dislocated fragments may be secured.

This patient recovered perfectly, after about six weeks longer detention in splints.

Gonorrhœa.

This boy came into the hospital on account of a purulent discharge from the external orifice of the urethra. The margins of the urinary meatus are swollen and red, with a disposition to separate. With all the phenomena here present, I have no hesitation in pronouncing this to be a case of gonorrhœa. Generally speaking, this is not a disease difficult of diagnosis. It is extremely rare to have a purulent discharge from any cause, excepting from the specific action of the gonorrhœal poison. Leucorrhœa in the female is said to give a discharge of this kind, but it is very seldom met with. There are certain medicines, which, when taken internally, sometimes produce urethral discharges; as, for instance, iodide of potassium and bromide of potassium; large doses of the latter medicine often produce this effect. Sometimes tincture of cantharides, taken for other purposes, causes a discharge of this kind, and persons who are in the habit of using very largely cayenne pepper or mustard, sometimes suffer in this way. When a patient says he finds himself suffering from an uncomfortable feeling about the penis, with a sensation of fulness, that the margins of the urethra are glued together, that there is a discharge of a ropy, purulent fluid, and that, on making water, he experiences a great deal of

burning, there can be no room for doubt but that he has gonorrhœa, and that it is the result of impure connection. The disease consists in an inflammation of the urethral canal. On examining most cases early, it will be found that the tenderness of which the patient complains, is situated at the fossa navicularis, just behind the glans penis. If allowed to go on neglected, the inflammation and tenderness travel toward the posterior part of the urethra, and the tenderest portion will be near the commencement of the so-called bulbous portion of the urethra. Some hardening will also be found in the lower portion of the urethra, for there is always some lymph deposited in the tissue immediately underlying the mucous membrane. Another way of determining whether the discharge is due to this specific cause, or some other agent, in those cases in which the happiness and peace of families is involved, is to let it alone. If it depends upon gonorrhœa, it will not get well of itself, but will go on from bad to worse; while if it depends upon any other cause, unless it be a chancre in the urethra, cleanliness and leaving the patient to himself will generally produce a cure. There is an odor about gonorrhœa which is characteristic, and analogous to nothing else.

What is to be done in such a case of gonorrhœa? The patient will say, "I want to be cured at once." Say to him you cannot do it. There are plenty who do profess to cure in twenty-four hours, but they always leave their patients in a worse state than they found them. When the patient comes in an early stage, assign three or four weeks as the time required for cure. If he be strong or plethoric, or in fair health, give him a saline cathartic, wash out the urethra well with a little tepid water or flaxseed tea, bathe the penis two or three times a day with a little laudanum and warm water, which relieves very much the sense of fulness; give an opiate at night, to induce sound sleep, and restrict the diet. For the first two or three days this is the proper treatment. Then, after the inflammatory symptoms have begun to wane, commence with mild injections. The mildest is a little sulphate of zinc or acetate of lead in rose-water, thrown into the urethra three or four times daily, immediately after it has been washed out with tepid water, so as to thoroughly cleanse the mucous membrane. With these gentle injections the treatment may be pursued for a day or two, when some of those agents which exert a powerful influence on mucous surfaces may be employed. Balsam copaiba was introduced by Dr. Chapman for the cure of gonorrhœa, and has sustained its reputation, and will sustain it, as one of the best constitutional remedies which can be employed for the treatment of this disease. Some never give injections, but rely exclusively upon this remedy. There are others whose treatment consists in injection of the copaiba into the urethra, as Dickson, of London. But by this means such good results are not obtained as might be expected. The agent, while passing through the kidneys, undergoes some change, which makes it efficacious. Cubebs is also another valuable remedy. In prescribing for a case of gonorrhœa, there are several indications to be fulfilled. First, the specific influence of copaiba and cubebs is wanted, for which purpose a drachm of the tincture of cubebs, with one-half that quantity of copaiba, may be employed, combined with other articles. It is desirable to remove every property of the urine which irritates the mucous membrane. If it be acid, as it usually is, liquor potassæ is an excellent alkali to neutralize it, in the dose of five or six drops. Then these drugs should be covered up so as to be made palatable to the stomach, as both cubebs and balsam copaiba are found often to offend. For this purpose, cinnamon-water answers very well. In order to control the chordee, camphor enjoys a decided reputation, as do also lupulin and morphia. For which reason, mistura camphoræ and a little of the officinal solution of morphia may be added to the prescription. In some cases it may be necessary to make a change, but in the vast majority, this will be found to be an excellent mixture, to be taken three or four times a day. The injections should be meanwhile continued. A very good treatment is to use an injection of sulphate of zinc, at first two grains to the ounce, and to increase it one grain each day, until it reaches the strength of fifteen, twenty, or twenty-five grains to the ounce, by the time which point is attained, the gonorrhœa will be cured.

After the discharge has disappeared, the remedies should not be suspended at once, or, possibly, there may be a return of it. For this reason, the patient should diminish gradually the strength of the injection, coming down from twenty-five or twenty grains to one or two grains, while the dose of the balsam and cubebs is also lessened in the same way. The patient will very seldom have gleet if the disease be treated in this way. The injection may be changed to nitrate of silver or sulphate of copper, always commencing with a weak solution.

Gonorrhœa is usually regarded as a very simple disease, one giving persons but little annoyance. Within a short time, however, Dr. Agnew was called to see a case of this affection which proved fatal in less than forty-eight hours. Such cases are very unusual, but still they are upon record. The man referred to was of a very powerful frame. He came to the city from the country, was led into a debauch, and contracted gonorrhœa. The symptoms were severe from the very first. Violent inflammation passed rapidly along the urethra, an abscess formed in the corpus spongiosum, the disease was propagated to the pelvis, abscesses formed in different portions of the pelvis, furious rigors came on, and the man died from constitutional irritation, barely having time to send for his wife and family to come and see him die.

Aneurism of Radial Artery.

This man was admitted into the hospital on account of a fracture of the thigh. He has now a small tumor situated above the left wrist, in the line of the radial artery, which he says made its appearance since his admission. On placing the finger upon it, it is found to pulsate very strongly. When pressure is made on the radial artery above the enlargement, the pulsa-

tion in it immediately ceases, and if pressure is continued awhile, the tumor becomes emptied entirely.

This is an aneurism of the radial artery. It came on suddenly and without any assignable cause. The cure has been attempted by the application of pressure both above and below the tumor, with a view of inducing, if possible, solidification of its contents. For a time it was thought this had succeeded; as the pulsation was very indistinct, but now it has returned to its original state. We now propose to ligate the radial on either side of the swelling.

The artery was exposed and tied above and below the tumor, and the patient in two weeks discharged cured.

Scalp Wound.

This man received an injury to the scalp, in consequence of being struck by a piece of ice, which has detached a considerable flap. The skin alone, is not often removed in these injuries to the scalp, for it is so firmly tied to the parts subjacent that it is scarcely ever dissected off; these flaps usually extend down to the subaponeurotic texture, which is very loose. In this case the periosteum is perfectly intact.

In wounds of the scalp it is not often necessary to apply a ligature; unless they occur upon the temporal region, or far back upon the occipital, there are no arteries of sufficient magnitude to justify or require ligation. The hair should always be clipped off, and then the head shaved for a considerable distance around the margin of the wound. All foreign matter should be carefully washed off by means of a stream of water squeezed from a sponge or thrown from a syringe. It is always to be regarded as bad surgery to introduce a suture into the scalp. Accurate approximation of the edges of the wound may be effected by thin lead ribbon or silk gauze, secured by collodion.

The hair was shaved off from around the wound, and the parts placed accurately in position, by means of several bands of silk gauze, the ends of which were painted down with collodion. Interspaces were left between the bands to allow of the escape of any accumulation. To-morrow the simplest dressing will be employed, warm water.

Pepsin in the Vomiting of Pregnancy.

A number of French physicians declare the efficacy of pepsin in the vomiting of pregnancy. It should be given in the dose of 8 or 10 grains before eating. Hydrochloric acid is also recommended as equally efficient—30 to 60 drops to be taken daily, properly diluted. Strychnia, we think, is not inferior to either—the 20th to the 12th of a grain three times a day.—*Pacific Med. and Surg. Journal.*

—— The French Government, says *La Liberté*, has just ordered 800,000 waist-belts, each having attached to it a small medicine-box. The latter will contain whatever is necessary to give, in a rough way, a first dressing to a wound, or to relieve dysentery.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, October 23d, 1867.

Dr. HENRY B. SANDS *in the chair.*

Condensed from Phonographic notes, for the MEDICAL AND SURGICAL REPORTER.

Tumor of the Brain.

Dr. CLARK presented a specimen which, he remarked, illustrated the uncertainty of diagnosis, in his experience at least. The patient from whom this specimen was taken, was supposed to be suffering from neuralgia caused by malarious poison. The most prominent symptom in the case was intense pain in the left side of the head. The patient was a female, aged 23, a native of Wales; she was admitted to Bellevue Hospital July 25th, 1867, in an enfeebled anæmic condition. She had lived for some time previous in Charleston, S. C., and was there taken with miasmatic fever. She had never suffered from syphilitic disease. She had been recently discharged from the Charity Hospital of Charleston, where she had been treated for headache, from which she had suffered more or less for the last fifteen years. Her general health had been good until last Christmas, when she took cold. This was attended by considerable dyspnœa, and followed by night sweats. At the time of her admission to Bellevue, she complained of nothing but great weakness. The face was pale, the pulse somewhat accelerated. On examining the lungs there was found dulness of the right side. Auscultation revealed prolonged respiration and increase of vocal resonance. The heart indicated no signs of disease. The urine was normal. She was placed on tonic treatment, and after a short time she recovered sufficiently to be able to go out on pass. This improvement continued for three weeks. At the end of this time she was taken worse, and ptosis of the right eye, accompanied by ecchymosis, was observed. There was also, at this time, some tenderness over the supra-orbital region of the right side. The tongue could be protruded without deviation from the median line. Large doses of quinine and iron were then given, but failed to arrest the disease. She died on the 22d of October, 1867. Her death was sudden and unexpected. The circumstances attending her death are not known, as she was found dead in bed on the morning of the 22d. There was nothing in her condition the night before, to warrant the supposition that she was any worse than usual. During the latter part of her life the pulse was slow, being generally not more than sixty. The ptosis and ecchymosis of the right eye, was not observed until a day or two before death. The pupil of the same was contracted. The other eye was sound and responded readily to light. These symptoms occuring toward the latter part of the disease, called attention to the brain, and induced the Doctor to believe that the former diagnosis of miasmatic neuralgia was incorrect, and that a tumor of the brain might be present. This opinion was not

however expressed, until within a day or two before death. The diagnosis had been substantially miasmatic neuralgia, and on this the treatment by large doses of quinine had been adopted, as the sequel shows, without much relief. Her intellect was not disturbed during the course of the disease. She seemed perfectly rational in all respects, up to the time of death. The post-mortem examination was made to day. On removing the calvaria, a tumor of about the size of a hen's egg, was found near the posterior lobe of the cerebrum on the left side. It is imbedded in the substance of the brain, and appears attached to the dura mater, though not very firmly. There is general softening of the brain matter, but no particular softening near the tumor. There was no injection of any account in the region of the tumor except, perhaps, a little in the pia mater, not much more than natural. The lungs were found to be tuberculous. The heart was healthy. The aorta contained patches of atheroma near its junction with the heart. The tumor has not yet been examined microscopically, nor has the brain been laid open to discover whether there has been any internal lesion. The interesting points in the case are the sudden death of the patient, and the appearance of ptosis and ecchymosis of the eye. It is well known that death in cases of tumor of the brain is not usually sudden. Whether any relation existed between the condition of the eye connected with the tumor, is also a point of interest. Considerable discussion was elicited upon these points, the result being that while ptosis and ecchymosis might call attention to a *diseased condition* of the brain, it would not warrant a diagnosis of *tumor* of the brain. There is no anatomical relation between the seat of the tumor and the third pair, which would explain this phenomenon in the disease. Considerable speculation was also indulged in as to the nature of the tumor. Dr. Clark remarked that he believed it of course to be heterologous, and if it were firmly attached to the dura mater, the probabilities would be against its being tuberculous, as tuberculous growths almost always have their origin in the pia mater. The tumor will be examined, and its nature, so far as the microscope can determine, reported at the next meeting.

Pregnancy after removal of Ovarian Tumor.

Dr. Cutter reported that the woman from whom he had taken an ovarian tumor, which was exhibited to the society last November, had made a rapid recovery, and on the 8th of this month had been delivered of a healthy female child. He also exhibited some serum, taken from the left ovary of a woman now pregnant. The whole quantity removed was about seventy pounds, or in the neighborhood of eight gallons. Dr. Cutter also presented a portion of the upper jaw upon which there was a growth, the nature of which had not been fully determined.

Specimens Illustrating the Effects of Metallic Ligatures.

Dr. Howard presented three specimens, illustrating the effects after the ligation of arteries with metallic wire. Having had a case of axillary aneurism, in which mediate compression was impracticable, he thought no treatment short of ligation would be admissible. The condition of the artery would not allow of ligation in the ordinary manner by the silk ligature. Having some doubts as to the manner in which the metallic ligature should be applied, he had made some experiments upon sheep, in order to settle the question before operating. The first experiment was made upon a strong sheep. The carotid was laid bare, and ligated with silver wire. The ligature was *twisted very tightly*, the ends cut off as smooth as possible, so as to produce but little irritation, and the external wound closed, and the animal set at liberty. At the end of fifty-six days the artery was again exposed. The collateral circulation was found to be fully established. On dissecting carefully down to the point of ligature, the doctor was surprised to find what appeared to be a good sized aneurismal sac. He was still more surprised to find that this sac was an abscess occupying the space between the arterial plug and the point of ligature. The ligature itself was found lying on the centre of the abscess. A second sheep was then taken, and a *leaden* ligature, somewhat larger than the silver wire, applied. The ligature being larger, it was thought that it would not cut through the internal and middle coats of the artery. This ligature was not twisted, but drawn tightly, and fastened with a buck-shot, after the plan pursued in operations upon fistulæ. The artery was examined twenty-six days after the ligation. The hæmorrhage attending the vivisection was exceedingly great; and in making one of the incisions, the ligature with shot attached, appeared externally. A section of the artery was then removed. It is seen to be excessively enlarged by fibrinous deposit. The ligature did not ulcerate its way through the artery. The cardiac and distal plugs were well formed. In this interspace was what appeared to be an abscess containing about a drachm and a half of seropurulent fluid. These experiments convinced the doctor that the *kind* of ligature was perhaps not the only cause of these results, but much might depend upon the *degree of compression* exercised in the application.

A third sheep was now taken, and the artery *loosely tied* with a metallic wire, just as one would tie a silk ligature, only very loosely. The ends were cut off close, and turned down very carefully, in a direction parallel with the course of the ligature, so as to produce as little mechanical irritation as possible. In tying the ligature, it was drawn just tight enough to stop the pulsation above, but it was thought that space enough was left for the passage of a *very small amount of blood beneath the point of ligation*. The idea was just, to bring the coats of the artery in *contact*, and *no more*.

Twenty-six days after, the artery was examined. In cutting down very few signs of inflammation were discovered. The arterial plug was found to be more perfect than in either of the other cases. There was no abscess. There was just sufficient deposit to encyst the ligature. On making a section through the artery, a single drop of *something* appeared, which may have been pus. Dr. Rodgers, who examined it,

thought he detected one or two pus cells. This was the only evidence of anything like suppurative inflammation, which must have been exceedingly slight, if it took place at all. The doctor stated that he was as yet unwilling to make any deductions from these experiments, as he had several others of a similar nature in progress. Perhaps these few demonstrate that the silver wire does not always remain quietly in its place, and that it is not necessary to divide thee oats of an artery to produce occlusion, but only to bring them in apposition.

A very protracted discussion then followed upon the subject of ligatures in general. The great interest of Dr. HOWARD'S experiments was acknowledged by all; that he had elicited any facts particularly new was denied.

Dr. GOSSMAN, in the course of the discussion, related a case where he had applied the silver wire for aneurism of the carotid, in precisely the same way as related in the third sheep, viz., very loosely. The wire was tied in a reefer's knot, the ends cut off closely, and the points laid parallel with the ligature. The result was perfect success. The external wound healed by first intention, and the ligature became encysted. The operation was performed three months ago. Dr. GOSSMAN stated that he had entertained the idea for a number of years, and was glad that an opportunity occurred in which he had been able to demonstrate its correctness.

Dr. HAMILTON suggested that the doctor in some future experiment, instead of cutting off the wire, might bring them out of the wound, and observe the result.

Dr. MARKOE stated the whole matter very clearly, as follows: There are two distinct purposes involved in the application of ligatures. In one case a ligature is applied for the purpose of obliterating an artery, so as afterward to come away. In the second case, the object is to obliterate the artery, and allow the ligature to remain. In the first case, no matter what may be its material, it is applied tightly; and in the second case, it is drawn loosely.

Dr. PEASLEE ventured the novel doctrine, that a silk ligature applied under the same circumstances and in the same manner as silver, would be likely to become encysted. He remarked that silk occasionally did become encysted, while on the other hand, we have abundant proof that silver often produces suppuration.

These were the main points brought forward in the discussion, which we regret to say, was protracted to an unusual and unnecessary length to the exclusion of more valuable material. The whole matter seems to us to be sufficiently simple. Any ligature, it matters not what may be the material, if drawn *tightly*, is certain to be followed by a certain amount of suppurative inflammation, sufficient to allow the ligature to come away. The result depends not upon the material, but the amount of constriction.

The only advantage possessed by metallic ligatures, is their property of *non-absorption*. Other things being equal, the silk ligature would produce as little irritation as the metallic, if it were of a non-absorbent character; a fact that was strangely enough not referred to during the whole course of the discussion; and stranger still, overlooked by Dr. PEASLEE in his allusion to the encysting of the silk ligature, a circumstance theoretically impossible, and practically of extremely rare occurrence.

The members becoming a little weary, some one moved an adjournment. The motion was recalled, in order that Dr. RODGERS might present his report upon the case of Fallopian pregnancy, which had been brought to the notice of the Society some time before.

The lateness of the hour prevented the doctor from reading the whole of his report, a circumstance to be regretted, as it was prepared with great care, and was extremely interesting, on account of the fact that, in this case it appeared evident that the operation long ago proposed by doctor RODGERS in such cases, might here have been performed, and the woman's life probably saved. The symptoms, so far as known, indicating tubal pregnancy, were all present in this case, and all pointed to a state of things which could have been prevented from leading to a fatal result by operative interference. The Society then went into executive session. M.

EDITORIAL DEPARTMENT.

Periscope.

The Therapeutics of Pulmonary Consumption.

Dr. HÉRARD, in his concluding clinical lecture on pulmonary consumption, at the Lariboisière Hospital, the Paris correspondent of the *British Medical Journal* says, made use of the following remarks on the therapeutics of that disease:

I do not intend to pass in review the numberless medicaments which have been vaunted as possessing the power of curing tuberculization of the lung. It is certain that we do not possess any specific; but I am convinced that a well regulated treatment, growing naturally from the ideas I propound on the nature and pathogenesis of pulmonary lesions, may give the patients considerable relief, prolong their days indefinitely, and even produce a cure.

The principal indications afforded by the therapeutics of pulmonary phthisis may be reduced to three.

1. The prevention of the development of miliary granulation. For this end our means are very limited. As I have already remarked, granulations proceed from a general condition, the very essence of which is unknown to us. We should, however, study two kinds of means—the curative and the preventive. Amongst the latter hygiene plays a principal part—both alimentary and respiratory hygiene. It has long been proved that a good alimentary regimen should be the entire treatment adopted in pulmonary phthisis. I quite concur in its great importance. A patient should have broiled or roasted meat, or raw meat in a palatable form, with a tonic draught of which alcohol forms the base, etc. But we must

not exaggerate the value of these agents, which, according to some writers, have produced veritable miracles. Sometimes this plan succeeds in reëstablishing the patients for a time, but they gradually become tired of the regimen; and it becomes so intolerable that it is perforce relinquished, only a fleeting amelioration having been obtained. Some other aliments produce good results; I mean milk and cod-liver oil, though the last is often classed as a medicine. M. Bouchardat has theoretically examined the fatty agents used in the treatment of phthisis. Clinical experience has led me to endorse his opinions. Milk and cod-liver oil probably act by the large quantity of fat which they introduce into the animal economy; the oil also containing a large quantity of iodine, which may have a salutary influence. I prefer the pale oil: the patient takes it more willingly, and can longer continue the use of it. In order to cover the disagreeable flavor of the oil, I frequently give it with cinchona wine. There are many other means, familiar to you, of producing the same result. The oil should be given before meals. As a rule, this is the best time to give all medicines—the fluids which flow into the stomach during the process of digestion rendering absorption more easy. The dose should not be too large; two to four spoonfuls daily are sufficient: but the administration must be long continued. It should be discontinued during great heat, as the dislike of invalids to fats then frequently becomes invincible.

In conjunction with alimentary hygiene, we find respiratory hygiene, which is composed of all the conditions constituting climate. The reason that this therapeutic agent does not obtain all the favor it merits, is that it is not used with the care and precaution needful to obtain good results. It is objected to those who recommend to consumptive patients removal to a warm climate, that phthisis is as common in warm, as in cold countries. The reason of this fact is, that climate, while exercising a primary influence, is not the only cause of pulmonary phthisis. In warm countries many persons are living in deplorable hygienic conditions. Besides, is there not a great difference between living constantly in a warm climate, or going during the winter to Mentonne, Cannes, Nice, etc., where the heat in the summer is debilitating? The choice of abode is also of great importance; it is not enough to say to the patient, as is frequently done, "Go to the South." For instance, Marseilles is a very bad dwelling-place. The mistral there causes variations of temperature most pernicious to phthisical patients. It is also necessary to indicate, that in the most favored localities precautions must be taken. As a rule, invalids should go out only in the middle of the day; and, as it is desirable to know the climate of the place in which one is residing, it is advisable to refer the patient to the local medical man. The value of sea-air has been much discussed. Laennec spoke highly of its beneficial influence. M. Rochard, on the contrary, believes that sea-air and sea-voyages are very injurious to phthisical persons. Doubtless, for sailors, whose labor is very hard, who are exposed to all the vicissitudes of the weather, and who are placed in the most deplorable hygienic conditions, sea-voyages are injurious; but if we prescribe a sea-voyage in a mild and sheltered latitude, the invalid being also well placed, in a hygienic point of view, a sea-voyage may produce very good results.

Some medicaments may directly attack the diathesis; but they all act as tonics or stimulants. I repeat, we posses no specific Sulphur, for example, may be very useful, either in powder, or in the form of sulphurous water; but it must be administered with the greatest care. In cases where the symptoms are somewhat acute, it may produce congestion and hæmoptysis. Arsenic increases flesh and seems to lessen congestion of the lungs. Iodine, which has been misused, is nevertheless very useful, taken internally in small quantities, mixed with the food, or in the vegetables which contain it in varying proportion. M. Piorry highly praises iodine in inhalations; but this agent must only be used with the greatest precautions, for fear of producing too great excitement. Phosphorus has been by some physicians very erroneously considered as a specific. However, the hypophosphites of soda and lime, in doses of one or two grammes, may sometimes produce a favorable action. Sea-salt has been much vaunted by M. A. Latour. If given to goats, mixed with their usual food, it produces milk easy of digestion, and affording an excellent food for consumptive persons. This milk must be taken in the following manner. The patient drinks about a litre of it in the twenty-four hours, by mouthfuls, and the appetite for meals is not at all impaired.

Second indication. To combat the congestions and inflammations of the pulmonary parenchyma. We possess for this purpose really powerful agents. I rarely employ bleeding; and many physicians rebel against the ideas of Broussais, and never resort to it. I think they have gone too far. It is certain, that at the commencement of phthisis in plethoric subjects, when the symptoms are very acute, one may obtain good effects from the application of leeches or cupping, with scarification. The utility of tartar emetic has been recognized since the days of antiquity. With Laennec's views on the tuberculization of the lung, it would be impossible to explain to oneself the action of this medicament. But with the views which I maintain before you, and which consist in recognizing that tuberculosis is accompanied by true pneumonia, the action of antimonials is easily explained. The medicament justly and highly esteemed by MM. Monneret and Fonssagrives, ought to be employed in soothing doses. Digitalis has the same action; it is most useful in cases where phthisis is complicated with palpitation or hypertrophy of the heart, which encourages hæmoptysis.

The atmosphere of cow-houses, so strongly recommended by some physicians, appears to me to operate by maintaining a mild and moist atmosphere about the patient. In the same way, inhalations of watery vapors have been found useful. Trousseau had a room in his ward specially devoted to this purpose. His cases immediately experienced great relief, less heat in the

chest, and a diminution of the cough. I also attach great importance to the use of cutaneous counter-irritants, tincture of iodine, blisters, etc. I am persuaded that the cautery is very useful; it is a therapeutic agent from which I have obtained excellent results. When operating on females, who dislike the scars about the clavicles, I place them in the axilla. I cannot admit that there is any antagonism between anal affections, fistulas, etc., and pulmonary phthisis, as ARAN asserted. On the contrary, I think it advisable to combat them by every means in our power. Fistula of the anus is frequently incurable; but if there is a probability of cure, the operation should be performed. It is clear that the patient is thus relieved from one cause of exhaustion, of painful suffering, and indigestion.

Third indication. To combat local or general symptoms which become predominant, painful, or distressing to the patient.

To conclude: What is to be thought of the curability of pulmonary consumption? With the power of using many medicines, should the physician abandon the unhappy patient, under the pretext that there is nothing to be done? On the contrary, much may be done. Frequently the disease commences in one lung; and the previous employment of the means I have indicated to you may prevent its spreading to and invading the other organ. The lesions, tubercles, pneumonia (caseous), may pass into the cretaceous state. This is one method of cure; but even if the cavities are formed, they may retract themselves, become filled with chalky or gelatinous matter, or clothe themselves with a false membrane, and so result in an apparently complete cure. Finally, where the extent and gravity of the lesions leave the physician no hope, he must endeavor to afford the patient mental consolation. How many consumptive patients remain in ignorance of their sad condition to the last moment of their life, from the physician's assurance that they are only suffering from inflammation of the lungs!

Compound Fractures.

A NEW METHOD OF TREATING COMPOUND FRACTURES has been adopted by Professor JOSEPH LISTER, of Glasgow, who, in a paper in the *Lancet*, describes the procedure and results in several instances. The vast difference in the mortality following simple and compound fractures is sufficiently apparent to every one, and that this difference depends upon the exclusion of the air from the tissues suffering the injury, in the one case, and its ready access in the other, is quite as well known. To what special element of the atmosphere is due the disorganization of the tissues subject to its influence, the investigations of M. PASTEUR have fully and convincingly determined. It is not to the oxygen or any of its gaseous constituents, but to minute germs of various low forms of life, whose action upon organic compounds is to resolve them into their elements. In beautiful illustration of this proposition is a case of pneumothorax, with emphysema resulting from puncture of the lung by a fractured rib. Here the air is admitted to the pleural cavity—to the wounded surface and the effused fluids, but no decomposition ensues, because it has been filtered of its germs of decomposition in its passage through the lungs. Not so when the air is admitted to the cavity through an external wound. Then follow all the serious consequences of the formation of pus in the pleural cavity. Having thus investigated the subject, Prof. LISTER endeavored to arrive at some means for placing open wounds in conditions similar to those existing in pneumothorax. The object sought, was, to prevent the contact of the septic germs, so that fluids effused after compound injuries could be absorbed, as they are in severe contusions or simple fractures. To this end he makes use of liquid carbolic acid, with which lint is saturated and laid over the wounded surface. The acid exercises a local sedative influence, its application is almost painless, and it forms a hard crust by admixture with blood. If necessary, the lint may be changed daily, otherwise it is best to allow it to remain for a length of time. Should the caustic properties be too great, it may be diluted. Under Prof. LISTON'S supervision, the best results have followed this treatment. Compound fractures have recovered almost as rapidly as simple ones, and in any case the wounds, upon removal of the carbolic acid dressings, have presented healthy granulating surfaces.—*Pacific Med. and Surg. Journal.*

Death from Occlusion of the Ileo-cecal Valve by Calculi of Cholesterine.

Dr. G. P. ANDREWS, editor of the *Detroit Review*, publishes in that journal two cases of this rare form of obstruction. In the first, a gentleman 55 years of age, the attack was sudden, being ushered in by nausea and vomiting. Active cathartics and enemata had been freely used during the first two days, and prior to Dr. ANDREWS' attendance upon the case. No relief was experienced from their use. On the third day there was extreme exhaustion, frequent and violent retching, and constant pain in the region of the cecum. A diagnosis either of concealed hernia or occlusion of the ileo-cecal valve was made, other causes being excluded. Inflation of the bowel through the rectum was followed by the evacuation of a considerable quantity of feces, which gave some relief. But the air was observed not to reach further than the valve, and the respite was but brief. The patient died a little after midnight of the fourth day. At the autopsy, abundant adhesions of previous inflammation in the abdominal cavity were seen, but no evidences of recent inflammatory action presented themselves, except about the ileo-cecal valve. Within the intestine at this point, and occluding the valve, was a "biliary concretion an inch in breadth and five-eighths in thickness. Externally, it was friable, apparently made up of concentric layers of cholesterine, and probably excretine, abundantly stained with bile pigment. A central mass, comprising about one-half of the entire bulk, consisted of pure cholesterine, appearing like spermaceti, being totally soluble in boiling ether and crystallizing in the beautiful rhombic plates, so characteristic of this substance."

The second case was a woman 56 years old.

She passed through the usual course of a case of obstruction of the bowels. Stercoraceous vomiting, pain, absence of alvine evacuations, injections passed unchanged, gradual exhaustion and death, which latter took place upon the twelfth day. Upon post-mortem examination, a hard oblong body was found impacted in the small intestine, just above the ileo-cecal valve. It measured four and one-half, by three and three-eighths inches in circumference, and contained a central nucleus of cholesterine, though it was not so pure as in the previous case. After the relation of these cases, Dr. Andrews discusses the propriety of early operation, and strongly advises it, as experience proves that leaving such patients to the resources of nature is equivalent to signing their death warrants.—*Pacific Med. and Surg. Journal.*

Propolis as a Remedy for Diarrhœas, Acute and Chronic.

Dr. H. O. Hitchcock, of Kalamazoo, Michigan, in a paper read before the Kalamazoo Valley Medical Association, and published in the *Chicago Medical Journal* for September, thus speaks of the virtues of Propolis, or bee-bread, in the treatment of Diarrhœa:

In my own experiments with it, it has proved one of the best and most reliable remedies I have used, in nearly all cases of simple mucous diarrhœa, even when violent, and accompanied by severe pains, vomiting, and collapse. In many cases a single dose has been all that was required. In several cases of diarrhœa in children it has acted like a charm. It appears to possess an anodyne and soporific property, and yet it does not cause constipation of the bowels, but brings them to a normal action at once.

In several cases of dysentery, when given early, it has appeared to have a marked effect in arresting the disease. But in cases where the disease had become established, and especially in those cases where malarious congestion of the mucous membrane characterized the disease, it has appeared nearly worthless.

I have prescribed it in several cases of chronic diarrhœas, in some of which the disease was contracted in camp. All of these patients have reported to me that the medicine "has acted like a charm," being far more efficacious than any other medicine they have ever used.

The propolis is a green resin of a dark-reddish, or yellowish brown color, of a glistening fracture, slightly conchoidal, of an aromatic taste and smell, entirely insoluble in water, and nearly so in ether, but readily soluble in alcohol and in liquor potassæ. At first I used the tincture, which is of a beautiful wine color.

The following is the formula by which I prepared it for use:

℞. Selected propolis, ℥ij.
Alcohol, f.℥iv.
Dissolve.

Dose for an adult, ½ to 1 teaspoonful in sweetened water; for a child, 5 to 20 or 30 drops, after each stool.

When the alcoholic solution is mixed with water or simple syrup, there is a copious deposit thrown down. The taste is pungently aromatic, but is not unpleasant even to children.

Lately I have used an alkaline solution as follows:

℞. Propolis, ℥ij.
Liq. potassæ, f.℥j.
Solve *et adde* aquæ, syrup. simp., āā f.℥ij.
Dose ½ teaspoonful after each stool.

The advantage of the alkaline solution is, that its admixture with water or simple syrup does not cause a deposit.

Diabetes.—Still Another Theory.

In a letter from Mr. M. Carey Lea to the *American Journal of Medical Sciences*, a new theory of diabetes proposed by Mr. Claude Collas is referred to. It is, that diabetes depends upon an incapacity of the system to convert sugar into an insoluble modification. This incapacity he attributes to a deficiency of phosphates. He alludes to Claude Bernard's demonstration that sugar is formed in the system in health, and that this substance is necessary for nutrition. Also to the facts that substances required for the nutrition of our organs reach them in a soluble condition, and that the agent which renders them fixed is still unknown. This agent, so far as sugar is concerned, he thinks, is phosphate of lime, which has the property of converting sugar into the almost insoluble glucose, and that it precipitates and fixes the sugar in the organs. To prove this theory he adduces the following observations: During gestation there is unusual difficulty in healing fractures, owing to the appropriation of every particle of earthy phosphate to the fetus to form its bone, and at the same time there is a great tendency to glucosuria. Also, if a solution of ordinary diphosphate of soda in water containing carbonic acid is mixed with cane sugar and allowed to stand a fortnight, the solution will be found thick and viscous. He therefore recommends phosphates and phosphoric acid, and reprobates the regimen usually prescribed for diabetics, the forbidding them wheat bread. This privation is useless, is with difficulty endured by patients, deranges nutrition, and retards the cure. By parity of reasoning Mr. Lea thinks that the loss of albumen, in albuminuria, may be due to absence of fixing principles, such as the mineral acids, alkaline nitrates, etc., which coagulate albumen.—*Pacific Medical and Sur. Journal.*

Treatment of Nasal Polypus.

Mr. Thos. Bryant, of Guy's Hospital, communicates to the *Lancet* a method of treating mucous polypus of the nose, which in his experience has proved very efficient. He was induced to make experiments in this matter in consequence of the ill success of even the best method in use, viz., forcible removal of the polypus, either with the forceps or wire noose. The first patient was a woman thirty-two years of age, affected with polypi of both nostrils for several years, for which she had been obliged to seek relief about every three months. Her nostrils were very small, promising much difficulty in the case of

an operation. After an unsuccessful trial of astringent injections, insufflation of tannin was ordered, the tannin to be used as snuff, or blown up the nostrils by means of a quill. In one month all signs of the disease had disappeared, and during the three following years there was no return. Five additional cases are reported, all of several years' standing, and all equally benefited by the tannin.—*Pacific Med. and Surg. Journal.*

The Gas-Cautery of Nélaton.

In the *British Medical Journal* of Aug. 10th, Mr. Holmes Coote, of London, calls attention to the advantages gained by the use of the gas-cautery in cancerous ulcerations of the skin. He says:

The gas-cautery possesses these advantages: it chars the surfaces acted on to any amount, and the pain soon subsides when the flame is removed; unlike the action of the Vienna paste, chloride of zinc, etc., the action is very speedy, and seems to exert a marked influence in arresting the progress of the cancerous ulceration; the destruction of the cancerous surface is followed, after each application, by a most marked contraction and diminution of size, and this contraction seems the first stage toward recovery.

The use of the gas-flame is best where a general and powerful effect is required. Mr. Bruce's platinum point is best where a limited and delicate application of the cautery is indicated, such as in operations about the eyelids.

Reviews and Book Notices.

Diphtheria as it Prevailed in the United States from 1860 to 1866, preceded by an Historical Account of its Phenomena, its Nature, and Homœopathic Treatment. By C. Neidhard, M. D. New York: Wm. Radde. 1867. 1 vol., 8vo., cloth, pp. 176.

The author gives a very careful description of the disease from many domestic and foreign sources, relying especially on Dr. Greenhow's treatise. In the treatment we observe an obvious preference for the "lower potencies," on the part of the author, which, so far as it goes, is a step in the right direction. He candidly confesses that when it came to the 10,000th or the 50,000th dilution, his courage failed him. As a monograph, this is one of the best we have seen from the homœopathic school. But why does a writer, so intelligent and so honest as Dr. Neidhard, insist on calling us "allopaths?" He must know that in treatment, no living physician of our way of thinking administers medicine on the principle of *contraria contrariis*, but is solely guided by the results of experience without reference to any theory whatever. A regard for truth on this point would elevate much in our opinion those who think differently from us.

Transactions of the Twenty-second Annual Meeting of the Ohio State Medical Society, held at Yellow Springs, Ohio, June 11th and 12th, 1867. Cincinnati. 1867. Pp. 82.

Besides the minutes of the meeting, this pamphlet contains the valedictory of the retiring President, Dr. J. W. Hamilton, in which he reviews the legislation which had been attempted from time to time, to regulate the medical profession in the State; a report on the Incurable Insane, displaying a sad state of affairs, and plenty of room for philanthropists; Remarks on Medical Ethics, by Dr. G. M. Maris, short and sensible; and an article on the Treatment of Cholera, by Dr. John Davis. The latter claims great success in this disease, the mortality of his cases being but 12 per cent. He gave no opium, camphor, or alcoholic stimulant, but depended on mercurials, (calomel, blue mass,) astringents, (tannin,) and vegetable stimuli. (piperine, capsicum.) The volume closes with several obituaries.

A Practical Treatise on Shock after Surgical Operations and Injuries, with especial reference to Shock after Railway Accidents. By Edwin Morris, M. D., F. R. C. S., etc. Philadelphia: Lippincott & Co. 1868. 1 vol., 12mo., cloth, pp. 89.

This is a well written, useful little treatise on a point in surgery of which we often hear, and often without very distinct notions of its exact nature. That portion of it relating more particularly to shock after railway injuries, has been composed with the view of assisting medical men to detect the simulation of injuries by persons anxious to recover damages for pretended accidents. The volume is handsomely bound, and printed on fine paper, and is every way creditable to the house which issues it.

Just the Difference.

Sir James Simpson, in closing his address at the British Social Science Congress said: "The lancet of Jenner has saved more lives than the sword of Napoleon destroyed. If a man slaughtered 50,000 of his fellow-creatures, he was made a Marquis; 100,000, a Duke; and for saving 30,000,000 every twenty-five years, Jenner, was rewarded £30,000. He had, no doubt, had a statue erected to him in Trafalgar-square, but it had been taken down to make way for a statue of one of the fighting Napiers. Where it was now, he (Sir James Simpson) did not know, but he hoped that the Reformed Parliament would do justice to his name."

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 2, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

TO OUR CITY SUBSCRIBERS.

☞ *Those of our City Subscribers who hold the receipt of* R. H. Lindsay *for money, will confer a favor by notifying us at once.* Mr. Joseph H. Swain *is the only person authorized to collect subscriptions in this city.*

CONSULTATIONS with HOMŒOPATHISTS.

The articles which have appeared in the New York papers lately on this topic, forcibly illustrate how little the public understand the motives which induce medical societies to oppose such a practice. One journal, which is always loud in its claims to liberality and fairness, tells us we do not understand our position, that such opposition is *unphilosophical.* Let us see how this charge stands.

If Mr. Field, when he wished to lay the Atlantic cable, had called to his aid the spiritual media who claim to be able to move matter without human agency, and asked their advice and assistance in the matter, would he have been a philosopher or a fool? If the surgeons in India were to solicit in their cases the powers of the school of native doctors, who cure exclusively by charms and amulets—the Saat, we believe they are called—would they be acting in an eminently philosophical manner? Yet these latter unquestionably are well educated, and tolerably successful; and very intelligent and honest folks have implicit faith in "physical manifestations." To act philosophically, is simply to act in accordance with common sense. There would be no sense nor honesty either in advising with a person as to hanging a charm around the neck of a man, when we believe it will have no effect at all; or if any, merely through his faith in it. To do so, would be to encourage an error or a deceit.

Just so with the infinitesimal doses. We firmly believe they are all inert. To consult, therefore, which of them to give, is hypocrisy or knavery; no moderately honest man would do it; one who is openly dishonest, has no business in a reputable medical society. If any believe the doses are not inert, and yet cannot subscribe to the "Law of the Similars," such consultations are equally vain, and equally unphilosophical. The wonder is, why any can be found in either camp to court such foolish and aimless interviews.

INFERTILITY IN MARRIAGE.

Under the title, "The Other Side of the Question," a late number of the *Nation* reviews at some length, Dr. Nathan Allen's paper on the "woman question," or rather "children question," read not long since before the Social Science Association, and referred to in the Reporter. The review brings into more distinct light some theories and facts, which physicians in their eager zeal to throw all possible odium on the habit of criminal abortion, and in their attempts to estimate the prevalence of this vice, have not sufficiently borne in mind.

The problem is far more complex than may at first sight be supposed, and no doubt can exist but that those who have imputed the less proportionate number of births in native marriages, either wholly or chiefly to induced abortion, err widely. The registrar of Boston, Mr. Apollonio, in his recent annual report, justly ascribed a large share of this infertility to the more provident and cautious character of the native American, who rarely marries until he "sees his way clear" to support wife and family, and hence defers his hymeneal plans until an advanced period of life, not favorable to fecundity. The foreigner on the other hand, usually poor, having no care for the future, or seeing in a numerous family so many more assistants in his labors, marries earlier and begets more rapidly. Barrenness, moreover, is less common among women who are workers, and whose frames are large and active, than among thinkers, who have been nurtured in comparative luxury. It is a general law of population that where there are most material comfort, most mental culture, the best civil and social life, in that class or nation, no matter how virtuous nor how much in favor of early marriage, there population is stationary or nearly so. Sismondi was so impressed by this fact that he lays it down as a maxim of sociology, that "where the

number of marriages is proportionably the greatest, where the greatest number of persons participate in the duties and the virtues and the happiness of marriage, *the smaller number of children does each marriage produce.*"

Thus in a certain sense does nature herself endorse the position of such political economists as MALTHUS and MILL, who maintain that an increase of population beyond a certain limit is an evil to be deplored, and who find in wars, famine, and pestilence, the necessary relief of plethoric nationalities. It might plausibly be argued that the increasing dislike among American women to become mothers of large families is but another effort of the *vis naturæ* to prevent an undue increase of population, an effort which like a hundred other promptings is lost on the grosser natures of the lower classes. Whatever the reason, such a dislike is very prevalent. It will not be ignored, nor will it be stopped or even materially checked by such books as Dr. STORER'S, notwithstanding that in his own modest opinion, expressed in his last, they "sound a trump to wake the dead." Women are more and more becoming of the opinion that, to quote the expression of a medical speaker in Massachusetts, if they have any right at all, it is to determine how many children they shall bear: They claim that to spend twenty or twenty-five years of their life in child-breeding and child-suckling without intermission, and that to ruin their health and entail upon themselves life-long miseries, because their husbands do not choose to control their passions, are not their bounden duties.

However far this may be from the position of their grandmothers, it is not without arguments in its favor, as the latter is not itself above criticism. As the article in the *Nation* justly observes:

"The old code which made fertility a woman's greatest glory, had also unquestionably, with much that was attractive and ennobling, vices of its own. It produced that perhaps greatest of vices and curses of society, the indifference of parents to the education and fate of the children they had brought into the world, the feeling so widely spread that when a father had provided them with tolerable food and clothing, he had discharged his whole duty to them. It provided, too, that other doctrine which has, we think fairer claims to be called a "doctrine of the devils" than any other we know of, which has condemned more human beings to misery than any other error—the doctrine that it is allowable and even praiseworthy for people to become parents simply and solely for their own gratification or enjoyment, for the amusement of their youth or the solace of their old age."

Nothing can palliate the crime of feticide. But were it not well in discussing these much vexed questions not to magnify that crime unduly, to recognize that the infertility of marriage depends on many factors, that under certain circumstances it is a natural law, that the highest object of woman's life always is something besides, perhaps occasionally something inconsistent with constant child-bearing, and finally that the aversion to large families on the part of mothers is a fact of our age and country not likely to be suppressed by virtuous little tracts with "taking" titles, but to be met and studied as a fact in all its bearings, and to be approved, limited, or discountenanced by our profession, according to the results of the study.

Notes and Comments.

Cholera at the Navy Yard in this City.

Last week true Asiatic cholera of a very malignant type, suddenly appeared at the Navy Yard in this city. We will procure all the facts concerning the disease and report them hereafter.

Up to Saturday last there had been 27 deaths. On that day Surgeon LOWBER, U. S. N., in charge of the Hospital Ship *Sassacus*, reported 23 patients, most of whom were convalesent.

The Cholera at Quebec.

The *Himalaya*, a troop-ship recently arrived at Quebec from Malta, having had cholera cases on board. Through the exertions of Dr. MARSDEN it was immediately ordered into quarantine at Grosse Isle, and the bedding, linen, etc., fumigated and cleansed there. In this way, we doubt not Quebec escaped a visitation of cholera.

We very much fear that our authorities are not sufficiently alive to the importance of isolating the cases now on board the *Sassacus* at the Navy Yard, entirely too near our city.

The Medical Society of West Virginia.

This society held its first semi-annual session at Wheeling, October 2d and 3d. There was a fair representation of the profession of the State, who were welcomed in a brief address by Dr. JOHN C. HUPP, chairman of the Committee of Arrangements. The President, Dr. JOHN FRISSELLE of Wheeling, gave a lengthy and very interesting address on the History and Progress of Medicine. Several papers on important subjects were presented and read, and addresses made by several of the members. The next, which will be the annual meeting, is to be held at Grafton.

This seems to have been a busy, profitable meeting, and we trust it will be followed by many more such.

Births and Deaths in Great Britain.

The Return of the Registrar General of England for the last quarter, shows a saving of 33,000 lives in the towns alone, the deaths having been but 21 in the 1000—below the quarterly average—and three less in the 1000, than for the same quarter of last year. The death-rate is lower than it has been in the same season for ten years past.

The birth-rate during the same quarter was the highest on record. The number of births was 87,126.

The New York Academy of Medicine, and Hoff's Malt Extract.

After the display of so much amiability as to appoint a committee to report on the merits of Hoff's Malt Extract, the New York Academy of Medicine should have been satisfied with its formal refusal to adopt the report of the majority of the committee, and not have re-opened the subject as it did at a recent meeting, thereby giving Hoff another excellent opportunity to advertise his beer at the expense of the Academy.

When we first saw this article, we hoped that we had at last found a pure and reliable malt liquor, that could be used with satisfaction as a medicine, but it has not met our expectations.

☞ Dr. Mong-Shaw-Loo, a native of India, who has been in this country nearly ten years, obtaining an education, and is now a graduate of Lewisburg College, Pa., and of a Medical College in Cleveland, Ohio, where he was a student of Dr. Gustav C. E. Weber, is about returning to his native land. Any of our readers who have books or surgical instruments or apparatus that they can dispense with, would do a worthy act to a worthy man by forwarding them to this office. Dr. Mong-Shaw-Loo will need them in imparting instruction to others in India, where the field is extensive and the laborers are few.

Surgical Curiosities.

Dr. Scoutetten, at the last meeting of the Paris Academy of Medicine, exhibited lithographic plates of various sorts of probangs and speculums found in the ruins of Herculaneum and Pompeii, and a photograph of a mural painting from Pompeii, representing a surgical operation performed on Eneas during the siege of Troy.

Correspondence.

DOMESTIC.

Editors Med. and Surg. Reporter:

Not being a reader of your journal, a friend has sent me the short *critique* which appeared in your issue of October 5th, on my essay on the cause of intermittent and remittent fevers, published in the Transactions of the American Medical Association for this year. I do not aim, or desire to provoke any controversy with reviewers who object to my mode of presenting the subject, or who may differ from my conclusions. This is their legitimate sphere. But I do claim, that as members of an honorable scientific body, they have no right, or excuse, to misrepresent, intentionally, or carelessly, the views of writers upon whom they exercise their art. Whether one or the other has been done in this instance, I leave your readers to judge, after I have, with your permission, set forth the point at issue as it appears in my essay, with that of my learned reviewer, as it appears in your pages.

In the essay, the law of causation of periodical fevers is as follows:

"With a summer mean of sixty degrees, and upwards, the greater the diurnal oscillations of temperature, the greater, *cæteris paribus*, will be the prevalence of autumnal fevers; and with the increase of the mean is the increased susceptibility to fluctuations; the higher the mean the smaller, comparatively, the oscillation requisite to produce the morbid phenomena, and the more intense their character."

After this follows the remark, which is the sole foundation for the assertion of the critic, that moisture is "a factor, on which is laid quite as much weight as on the other"—"It is proper here to remember that the untoward effects from depressions of temperature, are greatly increased by a large amount of atmospheric moisture, as that, without some idea of the quantity of this element at a given place, an array of figures would convey a very erroneous impression. The only available means to give this expression is in the monthly average of rains." Now in thus giving expression to the familiar fact that changes of temperature are more injurious when the atmosphere is damp than when dry, the learned reviewer distorts it first, into my declaring it to be one of the factors of the assumed law; and second, that I made the very elementary blunder of taking the rain-fall as an exact index of atmospheric moisture; thus,

"With a summer mean temperature of 60° F. and upwards, the greater the diurnal oscillations

of temperature, the greater the prevalence of autumnal fevers; the higher the mean, the smaller the oscillation to produce the morbid phenomena, and the more intense their character. The untoward effects are greatly increased by a large amount of atmospheric moisture.

"On this latter factor the author lays quite as much weight as on the other. Yet with a singular obliquity to meteoric laws, he states that in the statistics brought forward to support his theory he has used as its equivalent the rain-fall!"

In the army meteorological register for the places and years referred to in my essay, no hygrometrical observations are recorded, hence, to give *some idea* of this element at a given place, the only *available* means was in the rain-fall; unfitted as it is, to express the nicer gradations of atmospheric moisture. However, the smaller variations of atmospheric moisture do not exercise any marked influence on the unhealthful results of heat vicissitudes. But when, for example, the climates of California and Florida come to be contrasted in this respect during the summer months, we have an extreme of aridity and of humidity, resulting in the diurnal oscillations of one being very dry, and the other very moist; the latter of course being relatively by far the most deleterious. Will the reviewer pretend to assert that the rain-fall in each of those places during the summer, does not give *some idea*, and a very correct one too, of their atmospheric humidity? If he does, I beg to refer him for further information to the army meteorological register, and the records of the Smithsonian Institute. As for attempting to explain the relative unhealthfulness of the two places adduced by him, only fifteen miles apart, "by a material change in the moisture," it is simply absurd. It is his idea, not mine. In conclusion, for his special information, I may say that I will be happy to send him a true copy of a carefully recorded daily register of observations upon the thermometer, kept during the past summer at two places, *only one and a half miles apart*, which shows, that in a valley, there is upon an average within a fraction of 10° of a greater fluctuation of heat, every clear day, than upon the more elevated adjoining lands. Has this no influence upon health? J. R. Black, M.D.

Newark, Ohio, October 17, 1867.

[The question between Dr. Black and his reviewer is whether the monthly rain-fall *is* an available expression of atmospheric moisture, whether it gives or not, *some correct idea* of the hygrometrical variations. If it does not, then by his own statement his figures "convey a very erroneous impression;" in other words, his theory is insufficiently supported. The review states that the rain-fall "is no sort of test" of the hygrometric variations, that it gives *no* correct idea of them on a large scale. This is an elementary law in meteorology. Mountain ranges add enormously to the rain-fall, while they decrease the atmospheric humidity, (Morris, *Treatise on Meteorology*, p. 49). Parts of Peru and Egypt never knew rain, though the air is constantly nearly saturated. At Loch Katrine, 100 inches of rain-fall, annually, at Perth but 20. St. Petersburg with but 17 inches of rain a year, has 180 rainy days; Rome with 29 inches of rain, but 120 wet days, (Muller, *Meteorology*, p. 600). There is *no* known relation between the markings of the hygrometer and rain-guage. Dr. Black is wrong in saying, that the review declared that he took the rain-fall as an *exact* index of the moisture; it simply says "as an equivalent." But even this vitiates his theory. Is Dr. Black unaware that the greater the difference between the day's maximum and the night's minimum temperature, the greater is the dryness of the climate? That the atmospheric moisture is *always greater*, the *less* the diurnal thermometrical oscillations? That in fact the causative influence he alleges are self-contradictory? It is useless to discuss the correctness of the applications of a theory whose substructure is so far from proven as this.—Eds.]

Chronic Diarrhœa.

Editors Medical and Surgical Reporter:

One year ago, last June, an entire family, consisting of four members, was seized, in the same week, with diarrhœa, without any assignable cause. Diarrhœa was not at all prevalent in the community at the time. Nothing unusual presented in the symptoms, and the patients were treated in the usual way for several weeks, without deriving any advantage from the treatment, more than temporary relief. Calomel and blue mass, varied with opium and Dover's powder, were made use of, followed by castor oil, and castor oil and laudanum. A powder of opium, hydr. cum creta, and camphor, after each stool, was persevered in for some time, but without avail, The mineral and vegetable astringents, both alone and in combination with opiates, and alternating with cathartics, all were used without success. Injections of cold water proved inert, and injections of alum in solution appeared to increase the difficulty. The character of the stools gradually changed from fecal to watery, mucous, and finally to discharges of muco-pus

and blood; at this stage it became fixed, chronic—and has continued so for more than a year—the disease evidently involving a lesion of the lower bowel, as the discharges (often half a pint at a time) consist in nothing but muco-pus and blood, while there are, occasionally, other passages of pure feces, sometimes coated, and sometimes not coated on the outside with this muco-purulent, bloody discharge. The patients are not troubled at night, but the moment of rising is accompanied with a profuse discharge. Appetite and strength remain good, considering the drain; for the abnormal passages occur from five to ten times a day. Last spring the family removed to a different locality, changing air, water, diet, and habits of life, without making any change upon the disease. The patients are not all affected in the same degree. The mother has periods of entire immunity for a month or more at a time, while the son never has any abatement of the symptoms. The daughter is afflicted occasionally, and the father most of the time. Their present occupation is farming. For some time past they have been doing but little or nothing to remove the disease.

Now we would like to do something for the relief of our patients. Will the editors of the Reporter give us an opinion, and suggest something? Has any reader of the Reporter met with a similar case? If so, will he favor us with a history of his treatment and success? We await a reply. Ira D. Canfield, M. D.

Lock Haven, Pa., Oct. 21, 1867.

[The suspicion at once arises, that this family was poisoned, either intentionally, or by water conveyed through lead-pipes, by emanation of irritating substances from wall paper, paint, or other articles, or by persistent improprieties of diet. Once established, the diarrhœa would persist after the exciting cause was removed.—Eds.]

News and Miscellany.

Mortality in New Orleans.

The following, which we cut from the *Providence Journal*, was, we doubt not, compiled for that paper by Dr. E. M. Snow, the very efficient health officer of that city. The statistics are drawn from the official reports of the Board of Health of New Orleans.

The characteristics of the mortality in New Orleans, as shown in these reports, are in many respects so different from those of similar reports in northern cities, and so different from the general opinion in relation to them, that it may be interesting, even to the general reader, to examine them.

Some of the most important items in the mortality of New Orleans, during the months of August and September, and during the first week of October, are as follows:

	Aug.	Sept.	1st w'k in Oct.	Tot'l.
Whole number of deaths...	1039	2498	676	4213
Sex.				
Males	646	1708	459	2813
Females	354	731	198	1283
Sex not stated	39	59	19	117
Color.				
Whites	794	2193	600	3587
Blacks	144	126	86	304
Color not stated	53	111	19	183
Ages.				
Under 5 years	305	449	131	884
5 and und r 20	97	401	127	625
20 and under 50	482	1381	354	2217
50 and over	101	162	41	304
Unknown	55	105	28	183
Causes of Death.				
Cholera	39	15	10	64
Cholera Infantum	12	5	0	17
Cholera Morbus	5	4	1	10
Consumption	53	64	15	132
Diarrhœa	22	25	5	52
Dysentery	29	11	3	43
Fever, Yellow	255	1637	431	2323
" Bilious	6	15	5	26
" Congestive	55	58	23	426
" Pernicious	47	90	22	158
" Remittent	25	27	10	62
" Typhoid	17	20	6	43
" (Other kinds)	16	34	5	55
Lockjaw	19	21	5	45
Tris. Nascentium	20	24	8	52

The period included in the foregoing figures is sixty-seven days, from Aug. 1st to October 6th, 1867. It will be noticed that there was a constant increase of mortality up to the latest date. In August, the average number of deaths was 38 daily; in September, 83; and in the first week in October, it was 97 daily. The increase in the total mortality corresponded with the progress of the epidemic; the daily number of deaths from yellow fever being 8 in August, 54 in September, and 62 in the first week of the present month.

The character of the decedents in New Orleans differs remarkably from that of the decedents in northern cities, during the same period, in the extremely small per centage of females, of blacks, and of children under five years of age.

Of all the decedents in New Orleans, only about 31 in each 100 were females, and 69 were males, or more than two males to one female. In northern cities, among the decedents, the number of males and females is nearly equal, or with an excess of females.

Only 11 in each 100 of the decedents in New Orleans were colored. We have no exact information in relation to the proportion of colored to the total population in New Orleans at the present time; but there can be no doubt that the proportion of the colored among the living is far greater than among the decedents.

Deducting the still-born, only 19 in each 100 of the decedents in New Orleans were under 5 years of age; while in northern cities, at the same time, from 50 to 60, or more, in each 100 were under 5. At the same time, in New Orleans, 57 in every 100 of the decedents were in

the prime of life, or between 20 and 50 years of age.

It is evident that, during the period named, the yellow fever decided the general characteristics of the mortality in New Orleans, and the character of the decedents. If this be true, it would seem that females, colored persons, and children are in a considerable degree exempt from yellow fever.

In connection with the causes of death, the exemption of New Orleans from cholera infantum, and other diseases of the digestive organs, during the months of August and September, seems remarkable. Only 17 deaths from cholera infantum, and less than 200 from all diseases of that class, in a total of more than 4000 deaths. The deaths from cholera are significant, at the present time, and will furnish the occasion for further remarks at another time.

The percentage of deaths from consumption, in New Orleans, is extremely small and insignificant, as compared with that of northern cities.

But the large mortality from yellow fever in New Orleans attracts our attention. More than 55 in every hundred of the deaths were caused by this disease. More than this; besides the 2,323 deaths from yellow fever, there were 481 deaths from other kinds of fevers, the greater portion of which was probably dependent in some degree, upon the epidemic causes of yellow fever.

There were almost 100 deaths in New Orleans, in 67 days, from trismus nascentium, (including lockjaw.) This is a disease almost unknown in this climate. It is lockjaw in new-born children; is probably caused by heat; proves fatal to many children in southern cities in the first week of life; and is more prevalent among colored than among white children.

New Methods of Preparing Anatomical Specimens.

We have heretofore spoken of BRUNETTI's method of preparing anatomical specimens. Will not some of our medical schools prepare some on this plan? BRUNETTI received a gold medal at the Universal Exposition for his discovery. The *British Medical Journal* thus describes and speaks of it, and of VON VETTER's plan:

"Very great interest, almost amounting to enthusiasm, has been excited amongst anatomists and pathologists by the admirably preserved dry preparations of Professor BRUNETTI, of Padua, displayed at the Paris Exposition. In the specimens thus preserved, microscopic forms and topographical relations of parts are preserved; they retain their lightness, and a good deal of their suppleness, (they are stiff, but not brittle or immovable); they may be handled without fear, and can be preserved for an indefinite time. Dry, clean, and light, they are readily capable of transmission; and sections of specimens can be forwarded from one observer to another with great facility. M. BRUNETTI described to the Congress of Paris the method by which he attains these results. It includes various stages: 1. *Washing*, which is done by injections of pure water into the vessels and excretory canals. Thus are withdrawn the blood and other fluids, which escape by a separate issue, accordingly as the injection is made into the arteries, the veins, or the secretory canals. Alcohol is then injected, to complete the removal of the water which has been left in the vessels. This injection is intended to prevent the putrefaction which would result from the presence of water in the tissues, and to prepare the way for other substances possessing the power of arresting putrid decomposition. It is known that tannin enjoys this property in an eminent degree, in respect to all the tissues except fat. 2. The removal of the fat must, therefore, precede the tanning. It is practised by the aid of sulphuric ether. The duration of this operation varies from two to ten hours. The ether is injected through the vessels into the substance of the tissues, which it frees from their fat. 3. The *tanning*, or preparation by tannin, is performed after the ether has been removed by repeated washing. The tannin is dissolved in boiling distilled water, and the solution is injected into the arteries, the veins, and the excretory canals. 4. The drying is effected with heated air, and dried by the aid of chloride of calcium. This air not only surrounds the external parts; it penetrates to the interior of the tissues by means of an appropriate forcing pump, which carries even into the primitive histological elements a continuous current of air compressed by a pressure of several atmospheres. The air reaches the utmost extremities of the capillary vessels, traverses their walls, penetrates all the cavities, insinuates itself into all the interstices, driving before it all the fluids which it replaces. Thanks to it, the vessels preserve their normal state of dilatation, as if they were still traversed by fluids. M. BRUNETTI's preparations have been among the most interesting objects at the Exhibition; and he has shown great public spirit in describing openly all the processes by which they are obtained.

"The following process of M. VON VETTER, for the preservation of anatomical specimens, has also been recently published, and is said to yield excellent results: Add to seven parts of glycerine at 22°o ne part of raw brown sugar and half a part of nitre, till a small deposit is formed at the bottom of the vessel. The portion required to be preserved is then plunged, dried or not dried, and is left in the mixture for a time proportional to its dimensions; a hand, for example, should remain eight days in the liquid; when it is taken out, and is as stiff as a piece of wood, but if it be suspended in a dry and warm place, the muscles and articulation recover their supp'eness."

Surgical Novelties.

Few questions at this moment are so decidedly the "order of the day" as the treatment of surgical wounds. Sir JAMES SIMPSON's method of acupressure, and Mr. LISTER's treatment of sealing with carbolic acid, are the two most important novelties; and the papers which, during the last three weeks, have been published in this Journal, give the last words of the authors of the two procedures. The letter of the accomplished

French physician, who favors us with correspondence from Paris, adds to the information a brief *resumé* of the methods most favored in the French hospitals. The alcoholic dressings of M. Batailhé are, perhaps, hardly sufficiently known in this country. M. Maisonneuve is employing carbolic acid dressings, *à vide*—under a vacuum. The perchloride dressings of M. Bourgade won for him the gold medal of the Paris Congress. Mr. Lister's carbolic acid dressings will, of course, be tried in this metropolis; and it is to be hoped that the minute precautions which he employs will be carefully followed. We have heard of three cases in which these dressings were applied after operation at one of the London hospitals; and in each case sloughing and suppuration occurred on the surface to which they were applied. In one of the cases it will be necessary to perform a secondary operation of resection of the protruding bone; and in another abscesses formed up the limb, and have had to be opened. In the same hospital a case in which acupressure was employed, has ended fatally by pyæmia.—*Brit. Med. Journal.*

New York County Medical Society.

At the 66th adjourned anniversary meeting on the evening of October 17th. About 200 members were present, with invited guests. On retiring from the chair Dr. T. T. Hubbard, the President, in a short but pithy speech, reviewed the work of the Society since its last annual meeting, congratulating the members on its continued prosperity, and predicting for it a still more useful future. This is the parent medical organization in the country, and, with one exception—that of the American Medical Association—the largest. The number of active members a year ago was 211, and 43 have been added during the year, making in all 244. Many other members are residing out of the city. The officers for the ensuing year are: President, E. R. Peaslee; Vice-President, James Kennedy; Secretary, E. Eliot; Treasurer, W. B. Bibbins. Invited guests, Dr. W. Reese, President of the Kings County Medical Society, and Dr. C. L. Mitchell, a delegate from the same. Dr. Edmund S. Arnold, President of the Westchester County Medical Society, accompanied by Drs. P. Stewart and J. Foster, also of Westchester, and Dr. E. Parmly, President of the College of Dentistry, were introduced to the members. After the reading of a letter from Mayor Hoffman, who is an honorary member of the organization, excusing his absence on account of his sister's illness at Pass Christian, the society adjourned to the Hall, where several hours were spent in banqueting. The walls of the hall, as well as the tables, were tastefully decorated, and the music of a good band helped to enliven the meeting.

Fish Biscuit.

Professor Rosing, of Asa, France, has invented a process of making flour from a species of sea-fish, which he forms into biscuit, thereby providing a very nutritious and compact article of food. These biscuit are four times as rich in albuminoid substances as beef, four and a half times as fresh codfish, and sixteen times as fresh milk.

Academy of Medicine—A Member Suspended for Consulting with a Homœopath.

At a regular meeting of the New York Academy of Medicine, in the small chapel of the University, held October 16th, Dr. Post in the chair, a report submitted by the Committee on Ethics, on charges preferred against Dr. Augustus K. Gardner, that he had violated the rules of the Academy, in repeatedly holding consultations with Dr. Edward G. Bartlett, a homœopathic physician, was considered. The report, after repeating the charges, which are brought by Dr. Ellsworth Elliott, and giving in detail the action of the committee in relation to the matter, and an abstract of the correspondence with Dr. Gardner, concludes with an expression of the belief of the committee, that Dr. Gardner would not again be guilty of the offence, and a recommendation to suspend him from the enjoyment of the privileges of the Academy during the pleasure of that body. The report was accepted, and a motion to adopt brought on an animated discussion.

Dr. Gardner being called upon to explain his conduct, said he had no hesitation to speak openly and frankly on the subject, nor to state fully the course he had pursued. He said the first he knew of the matter, was in June last, when he was told by a friend that the editors and publishers of the *Medical Register* were about to drop his name from the list on account of a violation of ethics. Of course this was understood to be something very damaging to him, and he wrote to a friend who he believed had some knowledge of the course to be pursued toward him, that he would hold the persons responsible for it to accountability for damages. He stated that in twenty-three years of practice in New York he had striven to uphold the regular practice. He had even been accused of radical opposition to all "peculiar" systems, and particularly of Homœopathy. Twice before unjust charges had been preferred against him in the Academy. He admitted that he had held consultations with Dr. Bartlett, and claimed that he had a right to. He considered the resolution of the Committee unjust, and the Academy should not adopt it. The names of other members who had done the same thing were in the hands of the Committee.

Dr. Stone, of the Committee on Ethics, spoke of the motives which governed the Committee, and the disagreeable duty that had been imposed on them. It was clear from all the evidence, that Dr. Gardner had formed a great intimacy with this Dr. Bartlett. It was difficult to understand, in view of that intimacy, how he could have been ignorant of his professional standing. He must have discovered during their consultations that Dr. Bartlett was a homœopathist. He knew that his patients were in charge of a homœopathist during his (Dr. B.'s) absence from the City. Yet for some reason he (Dr. G.) did meet with a homœopathic physician and consult with him, contrary to the rules of the Society. The Committee felt strongly that some action should be taken, and they made the recommendation in the report. They left it to the Academy, however, to determine the duration of the

suspension, and they felt sure that Dr. GARDNER would repent of his error and break off his relations with this man, and be restored to his privileges as a member. They were unanimous in the belief, that any case of this nature within their knowledge should be instantly stopped.

Dr. GARDNER said he did not repent of anything he had done, and would do it again with the same light.

After much debate, the motion to suspend was adopted, and Dr. VAN KLEECK made the motion indicated above, which was followed by a motion to lay on the table. This was carried by 11 to 10, a considerable number of those present not voting.

Dr. GARDNER arose to say that he should have no further communication with the Society, when Dr. KRAKOWIZER raised the question, whether a suspended member could make any communication to the Academy.

Dr. GARDNER said he would like to see the rule of the Society that denies to a suspended member the right to resign.

The Chairman was of the opinion that he could not resign. Dr. GARDNER then took his coat and hat and walked out of the room. There being no other business, the meeting adjourned.

Carbolic Acid.

Of this interesting substance Dr. W. LITTLE, says in the *Chicago Medical Journal:*

It is one of the products of the distillation of coal-tar oil. If a portion of crude coal-tar be placed in a retort furnished with a thermometer, and the portion which distils over between the temperatures of 300° and 400° F., collected and mixed with a strong solution of caustic potash, and allowed to stand for some time, a whitish, pasty mass is obtained, which, when acted upon by water, is resolved into a light oil and a heavier alkaline liquid. If the latter be drawn off and neutralized by hydrochloric acid, carbolic acid will be disengaged, in an impure state, in the form of oil. By distilling from chloride of calcium, to remove any remaining particles of water, and exposing the distillate to a low temperature, carbolic acid congeals in the form of long, colorless prismatic crystals, which melt at 35° C., to an oily liquid, boiling at 180° C., and resembling, in many particulars, creosote. It is deliquescent, attracts moisture from the atmosphere, and quickly becomes liquid, and continues so at moderate temperatures. It is known by the names, carbolic acid, phenic acid, phenol, phenic alcohol, and the hydrate of phenyle.

It was discovered by RUNGE, in 1834, who gave it the name carbolic acid. It possesses remarkable powers as an antiseptic. Most of the disinfecting powders now in use are nothing more than a mixture of carbolic acid and plaster of Paris. It is the opinion of some that this acid is capable of absorbing offensive gases of putrefaction, but a number of experiments show plainly that it has no influence over gases, but it prevents putrefaction and thus obviates the formation of gases.

It has the power of arresting fermentation, produced by organized matter, and also prevents its further development. Its mode of action is not thoroughly understood, but it appears to act by attacking vitality in some mysterious way.

The vapor is by no means offensive to the higher classes of animals, and there is comparatively little danger in handling it. Should a portion of the acid, in an undiluted state, come in contact with the integument, it acts as a mild caustic, but if rubbed or washed off, no inconvenience is felt. As a therapeutic agent, it has been most extensively used as an external application.

In sloughing wounds, a solution composed of one part acid to forty parts of water produces the most marvelous effects: it destroys all fetor, facilitates the separation of the slough, and causes the parts beneath to assume a healthy appearance. It seems, also, to have the effect of promoting the growth of healthy granulations, and of hastening the healing process of wounds. It has been used successfully in several forms of skin diseases, *viz.*, lepra, tinea capitis, rupia, and eczema. It has proved a valuable agent in the treatment of hemorrhoidal affections and in fistula. It is a valuable caustic, it only affecting a superficial layer of the tissue to which it is applied, hence its use would be indicated in diphtheria and malignant sore throat. But carbolic acid has also been used internally, with beneficial results. One drop, given in the form of a pill, has checked vomiting when other remedies had failed to produce any effect.

It has been highly recommended in cases of dyspepsia, accompanied with pain in the stomach after eating.

It has also been largely used by many eminent French physicians in the treatment of phthisis. A large number of patients in different stages have been treated, with the most favorable results. The mode of administration is as follows:—"Fifteen drops of the pure acid is dissolved in ʒij. of spirits, and the solution mixed with ℥xxxij. of water; this quantity is administered daily, partly by the stomach and partly by the inhalation of fluids in a pulverized form."

Owing to the great demand for carbolic acid, it is largely adulterated. The article most commonly used for this purpose is coal-tar oil, but it can be easily detected.

Pure carbolic acid is soluble in from 20 to 60 parts of water, or twice its bulk of solution of caustic soda, while tar oil is nearly insoluble. Therefore, to test carbolic acid, we have only to put a drachm of it in a bottle, pour on it half a pint of warm water, and shake at intervals for half an hour, when the amount of oily matter will show the impurity. Or dissolve one part of caustic soda in ten parts of carbolic acid, the residue will show the amount of impurity.

A Surgical Riddle.

Broken heads are common enough in North Africa and in Greece. M. MARTIN, a surgeon-major of the French army, publishes an account of the proceedings of certain families or tribes, whose privilege it is to trephine the cranium of every one of the inhabitants of the Djebel Aures who has the misfortune to receive "even the

slightest wound." Of course, where whole families live by trephining, few heads are sacred. M. Martin has seen several unfortunates who had undergone the operation five or six times. The age and sex of the wounded do not interfere with the operation; and children, young girls, or women, submit with as much resignation to this cruel practice as the strongest and most courageous men. Besides riddling the cranium with holes, they add cauterization of the wound, and even the introduction into the cranial cavity of fluids intended to facilitate the exit of extravasated blood. An astonishing proportion of the victims is said to survive this barbarous proceeding.—*Brit. Med. Journal.*

The Yellow Fever.

The Galveston (Texas) *Civilian*, which has been at some pains to collate the yellow fever statistics, says that the whole number of deaths, from the commencement of the epidemic to the 1st of October was 1245, of which 145 were from other diseases, leaving 1100 from yellow fever. *The Civilian* estimates that there has been 15,000 cases of fever, as nearly all the population of 22,500 were unacclimated, thus giving only one death to every 14 cases of the fever. *The Galveston News*, however, says: "We think this is too large an estimate of the cases of sickness. We believe 12,000 near the truth, making allowance for the number of persons who left the city to escape the sickness, and this would give one death to about 11 cases of the fever. If we take the report of physicians in their private practice, and of hospital physicians, we think they will not put the number of cases that have proved fatal at less than 10 per cent. of the whole as the general aver age mortality."

Carbolic Acid for the Extermination of Mosquitoes.

The New York *Evening Post* has a correspondent who states that carbolic acid has recently been successfully used near Rahway, N. J., for the extermination of mosquitoes and flies. A small piece of cloth, saturated with the acid, was hung up in a room, and in two hours the flies had entirely disappeared. In the evening the acid was tried in the kitchen, where the mosquitoes were very troublesome, with like success. He thinks the remedy worth trying in all places where mosquitoes are troublesome.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Flickinger—McAllen.—Oct. 16th, by the Rev. J. J. Pomeroy assisted by the Rev. J. Smith Gordon and the Rev. William A. West, Dr. J. S. Flickinger and Miss Jennie S. McAllen, both of Fannettsburg, Pa.

Haws—Schoonmaker.—Oct 17th, at the residence of the bride's father, Harlem, N.Y., by Rev. J. C. McKnown, Mr. Tilghman Haws, of the firm of Brownlow & Haws, of Knoxville, Tenn., and Miss Fannie, eldest daughter of Dr. H. E. Schoonmaker.

McCausland—Clayton.—Oct. 1. at the residence of the bride's father, Ralph Clayton, Esq., of St. Louis co., Mo., by B. F. Crary, D. D., R. H. McCausland, M. D., of Mason co., W. Va., and Miss Mary J. Clayton.

Ozias—Lyman.—On the 26th of September, at the residence of the bride's mother, Alburgh, Vt., by the Rev. C. B. Cady, H. W. Ozias, M. D., of Philadelphia, and Martha M., youngest daughter of the late William H. Lyman, Esq.

Raub—Thomas.—In the Second Presbyterian Church of Belvidere, N. J., Oct. 22d, by the Rev. S. W. Dana, Dr. John A. Raub, of Stone Church, Pa., and Hannah L., youngest daughter of Alfred Thomas, Esq., of Belvidere.

Robinson—Henry.—Oct. 22d, at St. Lukes Church, Brooklyn, by the Rev. Dr. Henry, assisted by the Rev. Dr. Diller and the Rev. Mr. Homer, S. C. Robinson, M.D., and Miss Sarah Henry, daughter of J. H. Henry, M. D., all of Brooklyn.

Sheddan—Manchester.—Oct. 24 at the Church of the Messiah, Brooklyn, by Rev. G. E. Thrall, assisted by Rev. Dr. Sheddan, Mr. A. Boyd Sheddan, of New York, and Miss Maria L., daughter of Dr. C. F. Manchester, of Pawtucket, R. I.

Thomas—Pritner.—At the house of the bride's father, L. C. Pritner, Esq., Oct. 15th, by the Rev. J. Mateer, assisted by the Rev. B. H. Thomas, Dr. A. G. Thomas, of Freeport, Armstrong co., Pa., (son of the last-named clergyman,) and Miss Cecilia L. Pritner, of Curllsville, Clarion co., Pa.

Wallace—Ladd.—At Brooklyn, Oct. 22d, by the Rev. C. D. Jack on, D. D., William Wallace, M. D., of Brooklyn, and Ellen L. Ladd, of Throgg's Neck, N. Y.

Ward—Paterson.—Oct. 23d, at High street Presbyterian Church, Newark, N. J., by Rev. Dr. A. Reid, assisted by Rev. Dr. E. E. Rankin, Joseph B. Ward, M. D., of Brooklyn, E. D., and Jennie M., daughter of Wm. Paterson of Newark, N.J.

Williams—Martin.—Oct. 3, at the residence of Dr. S. Martin, Xenia, O., by Rev. Mr. Ewing, Mr. S. Williams and Miss Mary E. Martin.

DIED.

Ralston.—Near Pine Bluff, on the Arkansas river, October 8th, Dr. G. W. Ral-ton, in the 36th year of his age.

Rogers.—In Hartford, Wis., Oct. 14, 1867, of congestion of the brain, Hattie, only daughter of Dr. E. M. Rogers, aged ten months.

Shumard.—In Cincinnati, Oct. 6, Dr. George G. Shumard, aged 42 years.

ANSWERS TO CORRESPONDENTS.

Dr. J. B., of Ohio.—For works on taxidermy, we refer you to Van Nostrand & Co., New York city. We do not know Capt. Brown's work you speak of.

Dr E. B. M., of Ind.—Your order was received. The skeleton is being prepared, and will be sent you as soon as ready.

Dr. J. C, of La.—No sphygmographs are manufactured in this country. The best instruments for local anæsthesia cost from six to eight dollars.

Dr. A. G. F., of Iowa.—We cannot find the price of Dr. Condell's Disquisition on Pestilential Cholera, London, 1848, but it would not be more than three or four shillings sterling.

Dr. J. L. H., of W. Va.—"Do you know anything of the *rhyncosia excavata* as an emmenagogue, or the *Brahee sugar powders* as a tonic?" We know nothing of either of these articles. Perhaps some of our readers can enlighten us. We have the impression that the Brahee sugar is a quack preparation, of no value whatever.

METEOROLOGY.

October,	14,	15,	16.	17,	18,	19,	20.
Wind	W.	N.	W.	W.	S W	S. W.	S.
Weather	Clear.	Clear.	Clear.	Clear.	Clear. Hazy	Clear. Hazy.	Clear.
Depth Rain							
Thermometer.							
Minimum	42°	41°	45°	46°	49°	55°	64°
At 8, A. M.	53	56	55	51	58	63	68
At 12, M.	63	67	63	65	75	75	78
At 3, P. M.	62	66	65	66	74	78	77
Mean	55.	57.50	57.	57.	64 50	67.75	71.75
Barometer.							
At 12, M.	30.1	30,1	30.4	30.2	30.1	30.2	30.4

Germantown, Pa. B. J. Leedom.

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Certificates of attendance upon the course just completed have been issued to the following gentlemen: Drs. C. M. Carleton, Norwich, Ct.; Daniel Mann, Pelham, N. H.; G. E. Bullard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; E. F. Upham, West Randolph, Vt.; W. L. Wells, Howell, Mich; and W. A. J. Case, Hamilton, C. W.
542—565

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Geneva Medical College.

SESSION OF 1867-68.

FACULTY.

JOHN OWLER, M. D.,
Professor of Chemistry, Pharmacy, Toxicology, and Medical Jurisprudence.

FREDERICK HYDE, M. D.,
Professor of the Principles and Practice of Surgery.

GEORGE BURR, M. D.,
Professor of General and Special Anatomy.

NELSON NIVISON, M. D.,
Professor of Physiology, Pathology, and Microscopic Anatomy.

HIRAM N. EASTMAN, M. D.,
Professor of the Practice of Medicine and Diseases of Women and Children.

E. P. ALLEN, M. D.,
Professor of Obstetrics and Materia Medica.

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